

2005 Annual Solid Waste Facility Report

Part A: General Information

 Please provide any necessary corrections or additions to the site, owner, and operator information below.

1. Facility Information

Facility Name:	Street Address:
City, State, ZIP:	
Telephone Number:	Contact Name, Title:

2. Owner Information

Owner Name:	Street Address:
City, State, ZIP:	
Telephone Number:	Contact Name, Title:

3. Operator Information

Operator Name:	Street Address:
City, State, ZIP:	
Telephone Number:	Contact Name, Title:

 Place an 'X' in front of the correct address to send next year's form: Owner Operator

4. Certification

I hereby certify that I have personally examined the foregoing and am familiar with the information contained in this document and all attachments, and that based on my inquiry of those individuals immediately responsible for obtaining this information, I believe that the information is true, accurate and complete. I am fully authorized to make this attestation on behalf of this facility and am aware that there are significant penalties for submitting false information, including possible fines and imprisonment.

Signature:	Date:
Print Name:	Phone Number:
Title:	Organization Name:

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● Please offer any comments or suggestions that may improve this reporting form.

5. Suggestions

Part B: Facility Details

● Please indicate the operational status of the facility by placing a cross in the appropriate box .

1. Operational Status

<input type="checkbox"/>	Operated all of 2005.
<input type="checkbox"/>	Started accepting waste on / / , 2005.
<input type="checkbox"/>	Stopped accepting waste on / / , 2005, but maintain a valid operating permit.
<input type="checkbox"/>	Stopped accepting waste on / / , 2005, and no longer hold a valid operating permit.
<input type="checkbox"/>	Did not accept waste in 2005, but maintain a valid operating permit*.
<input type="checkbox"/>	Did not accept waste in 2005, and no longer hold a valid operating permit*.

* No further questions on this report form are applicable, return to Page 1 and sign the form.

● Please enter the number of days that the facility accepted waste.

2. Days of Operation

Number of Days Open in 2005:

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Part C: 2005 Operations

- Please record the tons of Materials Accepted by each material type for each state of origin. Next, sum each material type into the TOTALS column, then sum that column into the Total Accepted box. Use the area below the table to provide any notes or clarifications.
 - Round all amounts to the nearest ton. If any material type is less than 0.5 tons, do not include that material.
 - Do NOT include any waste oil or household hazardous waste/products.
 - If the state of origin is not listed or an additional state is needed, fill in the blank column or cross out a state in an unused column and fill in the other state.
 - If the material type is not listed, use one of the "Other" lines and fill in the name of the material. If more "Other" lines are needed, cross out an unused material type and fill the other material name.

1. Materials Accepted

Material Type	State of Origin							TOTALS
	MA	CT	ME	NH	NY	RI	VT	
MSW								
C & D WASTE								
ASH								
SLUDGE (WWTP)								
WOOD WASTE								
DPW WASTE								
GENERAL RECYCLABLES								
TIRES								
METALS								
ELECTRONICS/COMPUTERS								
TEXTILES/CLOTHING								
COMPOSTABLES/ORGANICS								
RECYCLING RESIDUE								
OTHER:								
OTHER:								

Total Accepted

Notes:

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- Fill out the boxes to check if the materials entering the facility are equal to those leaving it, and note any differences.

4. Compare Totals

Line 1	Enter the amount listed in the Total Diverted box on page 4	
Line 2	Enter the amount listed in the Total Disposed box on page 4	
Line 3	Enter the amount listed in the Total Accepted box on page 3	
Line 4	Add lines 1 and 2	
Line 5	Subtract line 4 from line 3, if the result is zero skip to Part D	
Line 6	Divide line 5 by line 3 and multiply by 100	%

- If Line 6 is greater than 1% or less than -1%, please explain the discrepancy between the Total Accepted and the sum of Total Diverted and Total Disposed. Attach another sheet if needed.

Part D: Waste Bans

- Provide the following information on the facility's compliance with waste control regulations in 310 CMR 19.017. If the facility does not dispose of any Municipal Solid Waste (MSW), or does not manage loads from vehicles capable of carrying 5 cubic yards or more of waste, then leave this section blank.

1. Monitoring and Inspections	Comprehensive Inspections	Ongoing Waste Stream Monitoring
Total Number of Loads Inspected		
Total Number of Loads Failing		
Number of Loads Failing Due to Quantities of Items Below:		
CRTs		
White Goods		
Lead Acid Batteries		
Whole Tires		
Bottles and Cans		
Corrugated Cardboard		
Recyclable Paper		
Yard Waste		
Mixed (more than one material)		

- In addition to sending letters to haulers and/or generators responsible for delivering failed loads, describe other actions the facility has taken to ensure that unacceptable quantities of restricted materials are not delivered to the facility.

2. Failed Loads

<input type="checkbox"/> Charged the hauler a fee	<input type="checkbox"/> Prohibited hauler from bringing waste to facility	
<input type="checkbox"/> Other (specify):		

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Part E: Diesel Engine Emission Control

- Please record the number of Diesel Engines, if any, used in operating the site including stationary and mobile engines, but excluding vehicles that haul materials to and from the site. Also enter the number, if any, of on site Diesel Engines that have been retrofitted to reduce emissions.

1. Diesel Engines

Number of Diesel Engines used on site:	Number Retrofitted:	<i>If zero, skip the rest of this section.</i>
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- Please fill in the grid using one line for each Retrofitted Diesel Engine on site using the codes defined by each bullet below. Attach additional sheets if necessary.

- Equipment Use/Type:** WM/C = Waste Movement/Compaction; EM/C = Earth Movement/Compaction; SUP = Support Function; STA = Stationary Engine
- Fuel Type:** OFF = Off-Road Diesel; ON = On-Road Diesel; ULSD = Ultra Low Sulfur Diesel
- Retrofit Type:** PF = Particulate Filter; OC = Oxidation Catalyst; OTH = Other.

2. Diesel Retrofits

Line #	Equipment Use/Type (WM/C, EM/C, SUP, STA)	Est. Operating Hours/Week	Engine Model & Year		Fuel Type (OFF, ON,)
			Retrofit Date	Retrofit Type (PF, OC, OTH)	
1			/ /		
2			/ /		
3			/ /		
4			/ /		
5			/ /		

Complete and Return this form by February 15, 2006 to:	DEP Boston One Winter St, 8th floor Boston, MA 02108 Attn: Brian Holdridge	If you have questions about this form, please download the detailed Instructions at http://www.mass.gov/dep/recycle/approvals/swforms.htm , "Annual Solid Waste Facility Reporting" or call Brian Holdridge at (617) 292-5578.
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